

Case Number:	CM14-0168842		
Date Assigned:	10/16/2014	Date of Injury:	06/18/2008
Decision Date:	11/18/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 54-year-old male with a 6/18/08 date of injury. At the time (9/2/14) of request for authorization for Neurontin 300mg 3 tabs po tid #270 3 refills; Zanaflex 4mg 1 tab ppo q daily prn #30 3 refills; Percocet 10-325mg tab take 1 every 4-6 hrs prn #180; Oxycontin 10mg ER 12h take 1 twice daily #60; Maxalt 10mg take 1 daily prn #60 3 refills; Oxycontin 20mg take 1 3 times a day #90; and Ambien 10mg take 1 at bedtime prn #2, there is documentation of subjective (neck and bilaterally upper extremity pain as well as headaches) and objective (restricted and painful cervical spine range of motion, decreased sensation over the medial and lateral hand as well as medial forearm on the right) findings, current diagnoses (cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain), and treatment to date (medications (including ongoing treatment with Maxalt, Ambien, Percocet, Neurontin, Zanaflex, Oxycontin, and Metformin)). Medical report identifies that function and activities of daily living improved optimally on current doses of medications and a signed pain contract. Regarding Zanaflex 4mg 1 tab ppo q daily prn #30 3 refills, there is no documentation of acute muscle spasms, acute low back pain, or acute exacerbations of chronic low back pain; and short-term (less than two weeks) treatment. Regarding Ambien 10mg take 1 at bedtime prn #2, there is no documentation of short-term (usually two to six weeks) treatment of insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurontin 300mg 3 tabs po tid #270 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, and <http://www.drugs.com/dosage/neurontin.html>

Decision rationale: US Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical treatment guideline identifies that the starting dose of Neurontin is 300 mg three times a day, if necessary, the dose may be increased using 300 or 400 mg capsules, or 600 or 800 mg tablets three times a day up to 1800 mg/day, and that dosages up to 2400 mg/day have been well tolerated in long-term clinical studies. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain. In addition, there is documentation of neuropathic pain and ongoing treatment with Neurontin. There is documentation of functional benefit and an increase in activity tolerance as a result of Neurontin use to date. However, the requested Neurontin 300mg 3 tabs po tid #270 3 refills (2700mg dosage), exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg 3 tabs po tid #270 3 refills is not medically necessary.

Zanaflex 4mg 1 tab ppo q daily prn #30 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, regarding Zanaflex (Tizanidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine) (Zanaflex) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain. In addition, there is documentation of ongoing treatment with Neurontin. There is documentation of

functional benefit and an increase in activity tolerance as a result of Zanaflex use to date. However, despite documentation of a diagnosis of spasm of muscle, and given documentation of a 6/18/08 date of injury, there is no documentation of acute muscle spasms, acute low back pain, or acute exacerbations of chronic low back pain. In addition, given documentation of ongoing treatment with Zanaflex, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg 1 tab ppo q daily prn #30 3 refills is not medically necessary.

Percocet 10-325mg tab take 1 every 4-6 hrs prn #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that the total daily dose of opioids should not exceed 120mg oral morphine equivalent. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain. In addition, there is documentation of ongoing treatment with Percocet. Furthermore, given documentation of a signed pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that function and activities of daily living improved optimally on current doses of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Percocet use to date. However, the requested Percocet 10-325mg tab take 1 every 4-6 hrs, in addition to the associated request for Oxycontin 10mg ER 12h take 1 twice daily #60 and Oxycontin 20mg take 1 3 times a day #90, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Percocet 10-325mg tab take 1 every 4-6 hrs prn #180 is not medically necessary.

Oxycontin 10mg ER 12h take 1 twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that the total daily dose of opioids should not exceed 120mg oral morphine equivalent. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain. In addition, there is documentation of ongoing treatment with Oxycontin. Furthermore, given documentation of a signed pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that function and activities of daily living improved optimally on current doses of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Oxycontin use to date. However, the requested Oxycontin 10mg ER 12h take 1 twice daily #60, in addition to the associated request for Percocet 10-325mg tab take 1 every 4-6 hrs and Oxycontin 20mg take 1 3 times a day #90, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 10mg ER 12h take 1 twice daily #60 is not medically necessary.

Maxalt 10mg take 1 daily prn #60 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/maxalt.html> and Title 8, California Code of Regulations

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identified documentation of migraine as criteria necessary to support the medical necessity of Maxalt. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of migraine. In addition, there is documentation of ongoing treatment with Maxalt. Furthermore, given documentation that function and activities of daily living improved optimally on current doses of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Maxalt use to date. However, the requested Maxalt 10mg take 1 daily prn #60 3

refills, equivalent to a six month supply, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Maxalt 10mg take 1 daily prn #60 3 refills is not medically necessary.

Oxycontin 20mg take 1 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify that the total daily dose of opioids should not exceed 120mg oral morphine equivalent. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain. In addition, there is documentation of ongoing treatment with Oxycontin. Furthermore, given documentation of a signed pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that function and activities of daily living improved optimally on current doses of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Oxycontin use to date. However, the requested Oxycontin 20mg take 1 3 times a day #90, in addition to the associated request for Percocet 10-325mg tab take 1 every 4-6 hrs and 90Oxycontin 10mg ER 12h take 1 twice daily #60, exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 20mg take 1 3 times a day #90 is not medically necessary.

Ambien 10mg take 1 at bedtime prn #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem Title 8, California Code of Regulations

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Ambien (Zolpidem) as a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical spondylosis, spasm of muscle, migraine, entrapment neuropathy upper limb, and elbow pain. In addition, there is documentation of ongoing treatment with Ambien. Furthermore, given documentation that function and activities of daily living improved optimally on current doses of medications, there is documentation of functional benefit and an increase in activity tolerance as a result of Ambien use to date. However, there is not documentation of insomnia. In addition, given documentation of ongoing treatment with Ambien, there is no documentation of short-term (usually two to six weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Ambien 10mg take 1 at bedtime prn #2 is not medically necessary.